

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 587472

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/		
2	/	/	/	/		
3	2	/	2	/		
4	3	/	3	/		
5	3	/	3	/		
6	0	/	0	/		
7	0	/	0	/		
8	0	/	0	/		
9	0	/	0	/		
10	0	/	0	/		
11	0	/	0	/		
12	0	/	0	/		
13	0	/	0	/		
14	0	/	0	/		
15	0	/	0	/		
16	0	/	0	/		
17	0	/	0	/		
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS			14			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	51					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						